1-5-13-18-**Application or Docket Number** PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997 **CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY** TYPE OR **SMALL ENTITY** (Column 1) (Column 2) **FOR NUMBER FILED NUMBER EXTRA** RATE **FEE** RATE FEE **BASIC FEE** 395.00 790.00 OR **TOTAL CLAIMS** 1,O minus 20 = x\$11=x\$22=OR INDEPENDENT CLAIMS minus 3 = x41 =x82 =82 OR MULTIPLE DEPENDENT CLAIM PRESENT +135= +270= OR If the difference in column 1 is less than zero, enter "0" in column 2 **TOTAL** TOTAL OR 1002 **CLAIMS AS AMENDED - PART II OTHER THAN** (Column 1) OR (Column 2) (Column 3) **SMALL ENTITY SMALL ENTITY CLAIMS** HIGHEST REMAINING **PRESENT** ADDI-ADDI-⋖ **NUMBER** TIONAL **AMENDMENT AFTER** RATE RATE **TIONAL PREVIOUSLY EXTRA** AMENDMENT FEE FEE PAID FOR Total Minus x\$11=x\$22= OR Independent Minus x41= x82 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR TOTAL TOTAL ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING **PRESENT** NUMBER RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA AMENDMENT** FEE FEE PAID FOR Total Minus x\$11=OR Independent Minus x41 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +270= +135= **TOTAL** TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-ပ REMAINING **PRESENT** NUMBER TIONAL RATE RATE TIONAL **AFTER** AMENDMENT **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total Minus x\$22= x\$11=OR Independent Minus x41 =OR x82 =FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +135= -270= If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT, FEE ADDIT, FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.





COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER:	08/959149
•	

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	х	Fee	Fee =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	•
Basic Filing Fee	201/101	_					790
Total Claims >20	203/103	20 -20	=	x			
Independent Claims >3	202/102	4 -3:	= (x		82	<u>82</u>
Mult. Dep Claim Present	204/104						
Surcharge	205/105						130
English Translation	139						 .
TOTAL FEE CALCUL	ATTON						1002
Fees due upon filing t	he application:						
Total Filing Fees Due	: = s <u>lo</u>	62	_				
Less Filing Fees Subr	nitted -\$_	0					
BALANCE DUE	= \$	1002					
4.0	0. 1						

FORM OIPE-RAM-01 (Rev. 5/97)